

POSITION	INITIALS	ID NO.	DATE
	Lsh		08-06-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	W	32	3/2
FORMALITY REVIEW	MW	920	4/2/01
RESPONSE FORMALITY REVIEW	HA	858	6/28/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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